STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

| 1. Name of Lo | bbyist(s) Judy A | A. Silva, Cordell A. Jo | hnston, Barbara T. Reid | d, Timothy V | X. Fortier |
|----------------------------------|---|---------------------------------|---|---------------|---------------------------|
| II. Name of lo | bbyist's partnersh | ip, firm or corporation | , if any: | | |
| | New Hamp | shire Municipal Asso | ciation | | |
| | | ship, firm or corporation) | | | |
| 25 Triangle | Park Drive | Conco | rd NH | Ŧ | 03301 |
| Business Addres | | (Town/Ci | | | (Zip Code) |
| (603 224.7 | 447 | () | e-mail | coveramen | ntaffairs@nhmunicipal.org |
| (Telep | phone) | , | (Fax) e-mail | governmen | natians@mindincipal.org |
| reportable exp | ense transactions | which are not attribute | reports for each client, Of able to any one client). or to the reporting date rela | | |
| | (Full Name | of Client as it appears on t | he Lobbyist Registration Form | n) | |
| <u>OR</u> | | | | | |
| | ole transactions by t y particular client. | he lobbyist (including th | e lobbyist's family), or the | lobbying firm | listed below which are |
| IV. Date of Re Reports cover: | | 2017 | July 26, 2017 activity from 4/1/17 to | | |
| | | 25, 2017 X 7/1/17 to 9/30/17 | January 31, 2 activity from 10/1/17 | | |
| | ecked, complete jus | | able transactions made to the Secretary of State's | | |
| VI Check if a | dditional reports a | re attached: | | | |
| | | | ust file Addendum A- Fe | es and Expens | es |
| - | e paid an honorariu | • | es, you must file Addendur | _ | |
| □ If you, you | r firm, or your fam | ily has made political co | ntributions, you must file A | Addendum C- | - Political Contributions |
| I have read RSA and complete to | the best of my know | | and hereby swear or affirm | er 25, 2017 | oing information is true |
| (Signature of lo | obbylst) ilva, Executive I | Director | | (Date) | RECEIVED |
| (Print Name of | | | | | OCT 2 7 201! |

NEW HAMPSHIRE DEPARTMENT OF STATE

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

| I. Name of Lobbyist(s) Judy A. Silva, Cordell A. Johnston, Barba | ara 1. Reid, Himothy W. Forder |
|--|--|
| II. Name of lobbyist's partnership, firm or corporation, if any: | |
| New Hampshire Municipal Association | |
| (Name of partnership, firm or corporation) | |
| III. Name of Client New Hampshire Municipal Association | Date October 25, 201 |
| IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses: | t relations, or public relations servi |
| a) Total of all fees received in this reporting period | a)\$11,972.93 |
| b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year). | b) \$69,516.19 ear) |
| c) Total of all fees received to date (Add lines a and b) | c) \$81,489.12 |
| d) Indicate the amount of any such fees that are due, but have not yet been paid | d) \$0.00 |
| V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported. | client and if expenditures are made may be filed for the lobbyist(s)/fi e aggregate total of all expenses par expenses; (b) the aggregate total of le: meals purchased during a busin ss than \$10 that is given to the per ed with a value of \$25.00 or less); a orting period of greater than \$25.00 are of greater than \$25, purchase of er than \$25, but not greater than \$25, expense reimbursement, or polit |
| a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. | a)\$ |
| b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less. | b) \$ |
| c) Total of all itemized expenditures reported in detail in section VI. | c) \$ 0.00 |

| d) Total expenses for this reporting period | d)\$_ | 11,972.93 |
|--|-----------|----------------------------|
| (Add lines a, b and c) | | |
| e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report) | e)\$_ | 69,516.19 |
| f) Total of all expenses year to date | n.s | 81,489.12 |
| | 1, 4 | |
| VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged. | obbying | fees during this reporting |
| Paid to: | Amou | nt: |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | | |
| | | |
| | | |
| Sworn Statement/Affirmation by Lobbyist | | |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm | n that th | ne foregoing information |
| is true and complete to the best of my knowledge and belief. | | |
| Enda (1 la) | | 0 1 05 0017 |
| (Signature of lobby st) | | October 25, 2017 (Date) |
| Judy A. Silva | | |
| (Print Name of lobbyist) | | |

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

| Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for: | Barbara T. Reid |
|---|--|
| Name of Lobbying partnership, firm, or corporation | n: |
| Name of Client (leave blank if Statement is for the particular client): New Hampshire Municipal A | e partnership, firm, or corporation and not related to any ssociation |
| Date of Report (check one): | |
| April 26, 2017 | ctober 25, 2017 X3 January 31, 2018 □ |
| | atement of Income and Expenses described above, and atement (insert the number of Addendum forms being |
| X Addendum A(s). | |
| Addendum B(s). | |
| Addendum C(s). | |
| | |
| l hereby swear or affirm that the foregoing inform complete to the best of my knowledge and belief. | ation on the Statement and each Addendum is true and |
| 2 Files | October 25, 2017 |
| (Signature of lobbyist) | (Date) |
| Barbara T. Reid | |
| (Print Name of lobbyist) | |

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

| Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for: | Cordell A. Johnston |
|--|--|
| Name of Lobbying partnership, firm, or corporation | • |
| Name of Client (leave blank if Statement is for the particular client): New Hampshire Municipal Ass | partnership, firm, or corporation and not related to any sociation |
| Date of Report (check one): | |
| April 26, 2017 | ober 25, 2017 ⊠ January 31, 2018 □ |
| | ement of Income and Expenses described above, and ement (insert the number of Addendum forms being |
| X Addendum A(s). | |
| Addendum B(s). | |
| Addendum C(s). | |
| I hereby swear or affirm that the foregoing informat complete to the best of my knowledge and belief. | tion on the Statement and each Addendum is true and |
| Call Class | October 25, 2017 |
| (Signature of lobbyist) | (Date) |
| Cordell A. Johnston | |
| (Print Name of lobbyist) | |

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

| Sworn Statement/Affin Statement of Income a | | rist Timothy W. Fort | ier |
|---|------------------------|-------------------------|---|
| Name of Lobbying partne | rship, firm, or corpor | ration: | |
| Name of Client (leave bla particular client): New F | | | corporation and not related to any |
| Date of Report (check on | e): | | |
| April 26, 2017 □ | July 26, 2017 □ | October 25, 2017 ☑ | January 31, 2018 □ |
| | | | d Expenses described above, and amber of Addendum forms being |
| X Addendum A(s). | | | |
| Addendum B(s). | | | |
| Addendum C(s). | | | |
| I hereby swear or affirm to complete to the best of my | | | nt and each Addendum is true and |
| " lilling hora | | | October 25, 2017 |
| (Signature of lobbyist) | | | (Date) |
| Timothy W. For | tier | | |
| (Print Name of lobbyist) | | | |